

[illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY OCCUPATION IS VERY IMPORTANT. See instructions on

BUREAU OF VITAL STATISTICS

State File No. _____

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

1. PLACE OF DEATH
County Pima State any Registered No. _____
Township _____ or Village _____ St., _____ Ward _____
City 40 No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth 35 yrs. ____ mos. ____ ds.

2. FULL NAME Christian Jackson Dykfest
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, DIVORCED. (write the word)
6. DATE OF BIRTH (month, day, and year) Oct 28, 1874
7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
55 10 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mine of
10. Date deceased last worked at this occupation (month and year) Sept 1, 1930 11. Total time (years) spent in this occupation 30
12. BIRTHPLACE (city or town) Cuba (State or country) N.Y.
13. NAME Hans Dykfest
14. BIRTHPLACE (city or town) Norman (State or country) Okla.
15. MAIDEN NAME Christian Jackson
16. BIRTHPLACE (city or town) Norman (State or country) Okla.
17. INFORMANT Mrs C J Dykfest (Address) _____
18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 9/10, 1932
19. UNDERTAKER (Address) J. J. Wood
20. Filed Dec 3, 1932 Registrar J. J. Wood

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/8, 1932
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Statement of wife that deceased had been suffering from cancer the least few couple of days on my arrival about 4 PM it had found Mr Dykfest dead
Other contributory causes of importance:
He deceased was not attended by an doctor prior to death
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify O.P. Patton
(Signed) A. J. Ariz, M.D.
(Address) _____